

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213540994			
<div style="display: flex; justify-content: space-between;"> <div> 1.) CORPORATION NAME: TIDEWATER JEWISH FOUNDATION, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PHILIP S ROVNER 5000 CORPORATE WOODS DR STE 200 VIRGINIA BEACH, VA </div> <div> DUE DATE: 10/31/2013 SCC ID NO: 03992641 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY					
4.) STATE OR COUNTRY OF INCORPORATION: VA					
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 5000 CORPORATE WOODS DRIVE SUITE 200 CITY/ST/ZIP: VA BEACH, VA 23462-4370 </div>					
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PHILIP S ROVNER TITLE: PRES/CEO ADDRESS: 40 RADER ST #403 CITY/ST/ZIP/CO: NORFOLK, VA 23510 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PHILIP S ROVNER TITLE: PRES/CEO ADDRESS: 40 RADER ST #403 CITY/ST/ZIP/CO: NORFOLK, VA 23510	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PHILIP S ROVNER TITLE: PRES/CEO ADDRESS: 40 RADER ST #403 CITY/ST/ZIP/CO: NORFOLK, VA 23510	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STANWOOD DICKMAN TITLE: TREASURER ADDRESS: 5112 GREENWICH ROAD CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23462 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STANWOOD DICKMAN TITLE: TREASURER ADDRESS: 5112 GREENWICH ROAD CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23462	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STANWOOD DICKMAN TITLE: TREASURER ADDRESS: 5112 GREENWICH ROAD CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23462	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MR. RON KRAMER TITLE: CHAIRMAN ADDRESS: 572 CENTRAL DRIVE SUITE 102 CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23454 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MR. RON KRAMER TITLE: CHAIRMAN ADDRESS: 572 CENTRAL DRIVE SUITE 102 CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23454	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MR. RON KRAMER TITLE: CHAIRMAN ADDRESS: 572 CENTRAL DRIVE SUITE 102 CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23454	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JODY WAGNER TITLE: SECRETARY ADDRESS: 7106 OCEAN FRONT AVE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23451-2059 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JODY WAGNER TITLE: SECRETARY ADDRESS: 7106 OCEAN FRONT AVE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23451-2059	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JODY WAGNER TITLE: SECRETARY ADDRESS: 7106 OCEAN FRONT AVE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23451-2059	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT COPELAND TITLE: DIRECTOR ADDRESS: 168 BUSINESS PARK DRIVE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23462 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ROBERT COPELAND TITLE: DIRECTOR ADDRESS: 168 BUSINESS PARK DRIVE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23462	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT COPELAND TITLE: DIRECTOR ADDRESS: 168 BUSINESS PARK DRIVE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23462	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: EDWARD KRAMER TITLE: DIRECTOR ADDRESS: 4200 WHITE ACRES COURT CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23455 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: EDWARD KRAMER TITLE: DIRECTOR ADDRESS: 4200 WHITE ACRES COURT CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23455	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EDWARD KRAMER TITLE: DIRECTOR ADDRESS: 4200 WHITE ACRES COURT CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23455	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			

NAME:	AMY LEVY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1809 KEELINGWOOD LANE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23454		
NAME:	DR. LEIGH BALTUCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	215 BROOKE AVENUE		
CITY/ST/ZIP/CO:	#602 NORFOLK, VA 23510		
NAME:	ANNABEL SACKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	530 BOISSEVAIN AVENUE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23507		
NAME:	ALVIN WALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	555 MAIN STREET		
CITY/ST/ZIP/CO:	SUITE 1500 NORFOLK, VA 23510		
NAME:	JERROLD MILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN-ELECT		
ADDRESS:	527 CENTRAL DRIVE		
CITY/ST/ZIP/CO:	#101 VIRGINIA BEACH, VA 23454		
NAME:	STEWART KAHN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	575 LYNNHAVEN PARKWAY		
CITY/ST/ZIP/CO:	SUITE 200 VIRGINIA BEACH, VA 23452		
NAME:	KURT ROSENBACH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	215 BROOKE AVENUE		
CITY/ST/ZIP/CO:	#201 NORFOLK, VA 23510		
NAME:	JASON HOFFMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/INVESTMENTS		
ADDRESS:	208 GOLDEN OAK COURT		
CITY/ST/ZIP/CO:	SUITE 300 VIRGINIA BEACH, VA 23452		
NAME:	JOEL JASON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE COMMERCIAL PLACE		
CITY/ST/ZIP/CO:	SUITE 1500 NORFOLK, VA 23510		
NAME:	KEVIN LEFCOE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1969 SANDEE CRESCENT		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23454		

NAME:	HAROLD SACKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	530 BOISSEVAIN AVENUE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23507		
NAME:	LAWRENCE STEINGOLD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/AUDIT FINANC		
ADDRESS:	P.O. BOX 4808		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23454		
NAME:	BRITT SIMON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	397 LITTLE NECK ROAD		
CITY/ST/ZIP/CO:	3400 BUILDING #200 Virginia Beach, VA 23452		
NAME:	STEVEN GORDON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1673 CHURCH POINT LANE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23455		
NAME:	SANDRA LEON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1712 NORTH ALANTON DRIVE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23454		
NAME:	EMILY NIED	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1308 KILDEER COURT		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23451		
NAME:	MICHAEL BARNEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 964		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23451		
NAME:	RALPH GOLDSTEIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	701 TOWN CENTER DIRVE		
CITY/ST/ZIP/CO:	SUITE 800 NEWPORT NEWS, VA 23606		
NAME:	LAWRENCE SIEGEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1292 SOUTHFIELD PLACE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23452		
NAME:	LAURA GROSS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 3037		
CITY/ST/ZIP/CO:	NORFOLK, VA 23514		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PHILIP S ROVNER	PHILIP S ROVNER, PRES/CEO	8/30/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.